



State of Nevada
Department of Conservation
and Natural Resources
Division of Environmental Protection

National Pollutant Discharge
Elimination System

FOR BWPC USE ONLY:

Check No.: _____

Receipt No.: _____

Amount: \$ _____

NPDES CONCENTRATED ANIMAL FEEDING OPERATION (CAFO)
PERMIT APPLICATION SUPPLEMENTAL

☐ APPLICATION – NEW ☐ APPLICATION – RENEWAL ☐ APPLICATION – MODIFICATION

PERMIT NUMBER: NV (LEAVE BLANK IF NEW PERMIT)

1. OWNER/RESPONSIBLE PARTY INFORMATION:

Business/Agency Name: _____
Contact Person: _____ Phone Number: _____
Mailing Address: _____ Fax Number: _____
City: _____ County: _____ State: _____ Zip Code: _____
Email Address: _____
Federal Tax ID No.: _____
Note: The Federal Tax ID number is necessary in the event of any error in monetary transaction, i.e. refund or reimbursement, from the State of Nevada

2. BILLING ADDRESS:

Business/Agency Name: _____
Contact Person: _____ Phone Number: _____
Mailing Address: _____ Fax Number: _____
City: _____ County: _____ State: _____ Zip Code: _____

3. FACILITY/SITE INFORMATION:

Note: A separate permit application form must be completed for each discharging facility operated by the applicant.

Facility Name: _____
Contact Person: _____ Phone Number(s): 1. _____
Email Address: _____ 2. _____
Street Address/ Location: _____ Fax Number: _____
City: _____ County: _____ State: _____ Zip Code: _____
Township: _____ Range: _____ Section(s): _____
Latitude: _____ Longitude: _____
Discharge Location(s): _____
Discharge Latitude: _____ Discharge Longitude: _____

NPDES CAFO PERMIT APPLICATION SUPPLEMENTAL (CONTINUED)

4. SITE CHARACTERISTICS:

Maps:

Include a topographic map and a site map showing the location of the proposed discharge(s) and the location of proposed or existing groundwater monitoring wells, drinking water wells, irrigation or other wells within a one (1) mile radius.

Wells:

List all wells on the property and include copies of well logs or well specifications. Continue descriptions on additional sheets if necessary. Complete the following information as accurately as possible.

<u>Well Designation</u>	<u>Well Log Number</u>	<u>Notice of Intent Number</u>	<u>Latitude/Longitude</u>	<u>and/or</u>	<u>Section, Township, Range</u>

Hydrology:

Depth to groundwater: _____

Groundwater elevation: _____

Groundwater flow direction: _____

5. FLOW:

	<u>30-Day Average</u>		<u>Daily Maximum</u>	
Design Capacity:	MGD	gpm	MGD	gpm
Requested Flow Limit:	MGD	gpm	MGD	gpm
Current Operational Flow*:	MGD	gpm	MGD	gpm

* If applicable
 MGD: million gallons per day
 gpm: gallons per minute

6. DISCHARGE ACTIVITY:

Describe the activity producing the discharge. (Example – wastewater treatment, dewatering, cooling, manufacturing, etc.). Include pertinent elements of water processing or treatment that could affect the quality of the water discharged. **Include a Process Flow Diagram.**

Description of facility process (if applicable):

NPDES CAFO PERMIT APPLICATION SUPPLEMENTAL (CONTINUED)

7. DISPOSAL/REUSE:

Describe the method of disposal and/or reuse application method (irrigation, percolation, evaporation, spray, disk, etc.):

8. TREATMENT:

Describe the treatment or process that will be used to meet the discharge limits:

- A. Has NDEP approved the design of this treatment system? ☐ YES ☐ NO Date Approved: _____
- B. Does this facility have an approved Operations and Maintenance Manual or Effluent Management Plan? ☐ YES ☐ NO Date Approved: _____

9. DISCHARGE CONSTITUENTS:

Describe the average annual results of the parameters listed below **that may be present in the discharge and in the monitoring wells**. Also attach copies of all laboratory analytical reports.

<u>Analyte</u>	<u>Concentration (mg/L)</u>	<u>Analyte</u>	<u>Concentration (mg/L)</u>
BOD ₅ :	_____	Total Nitrogen as N:	_____
Total Suspended Solids:	_____	Kjeldahl Nitrogen as N:	_____
Total Dissolved Solids:	_____	Nitrate as N:	_____
Fecal Coliform:	_____	Total Phosphorus:	_____
pH (Standard Units)	_____	Other:	_____
Chloride	_____		_____

10. NOTIFICATION REQUIREMENTS:

In the event of an unauthorized diversion, bypass, spill, overflow, or discharge while operating under an NPDES permit, the Permittee must notify all agencies, organizations, tribes, utilities, and local governments responsible for, having a legal interest in, or impacted by downstream water quality affecting public health and welfare, biological integrity, or designated uses. On the attached form, provide the list of any agencies, organizations, tribes, utilities, and local governments that would be required to be contacted in the event of an unauthorized discharge:

See Attached Form

NPDES CAFO PERMIT APPLICATION SUPPLEMENTAL (CONTINUED)

RENEWAL APPLICANTS ONLY: PERMITTEES RENEWING EXISTING PERMITS MUST ALSO COMPLETE ITEMS 11-13.

11. MODIFICATIONS:

List and briefly describe any changes to the production, treatment, or disposal processes of the facility since issuance of the current permit:

12. DISCHARGE DISCREPANCIES:

List Discharge Monitoring Report (DMR) dates and parameters where the facility exceeded the permitted discharge limits (attach additional sheets if necessary):

13. DISCHARGE HISTORY:

Submit graphs of the monitored parameters in the discharge and in any groundwater wells over the time period of the existing permit (e.g., plot BOD₅ vs. month). The time scale should not be less frequent than the permitted sampling frequency. Attach a tabulated compilation of all compliance data for all monitoring parameters analyzed or measured during the preceding five (5) years or the lifetime of the permit, whichever is shorter. Provide the tabulated data in hard copy, and if available, an electronic file compatible with Microsoft Office software (version 97 or later).

I hereby certify that I am familiar with the information contained in the application and that to the best of my knowledge and ability such information is true, complete, and accurate.

Print Name of Applicant: _____

Title: _____

Signature of Applicant: _____

Date: _____

Any person who knowingly makes any false statement, representation, or certification in any application, record, report, plan, or other document filed or required to be maintained by the provisions of NAC445A.070 to 445A.348, inclusive, or by any permit, rule, regulation, or order issued pursuant thereto, or who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required to be maintained under the provisions of NAC 445A.070 to 445A.348, inclusive, or by any permit, rule, regulation, or order issued pursuant thereto, is guilty of a gross misdemeanor and shall be punished by a fine of not more than \$10,000 or by imprisonment in the county jail for not more than 1 year, or by both fine and imprisonment.

REMIT APPLICATION AND FEE (PER NAC445A.232) TO:

**ATTENTION: PERMITS BRANCH
NEVADA DIVISION OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER POLLUTION CONTROL
333 WEST NYE LANE ROOM 138
CARSON CITY, NEVADA 89706**

PHONE: (775) 687 - 9418

NDEP – Bureau of Water Pollution Control
<http://ndep.nv.gov>



UNAUTHORIZED DISCHARGE NOTIFICATION LIST

NPDES CAFO PERMIT NV _____ **(LEAVE BLANK IF NEW PERMIT)**

In the event of an unauthorized diversion, bypass, spill, overflow, or discharge of treated or untreated wastewater from facilities or operations under the control of a Permittee otherwise authorized to discharge under a National Pollutant Discharge Elimination System permit, the Permittee shall notify the Nevada Division of Environmental Protection and all agencies, organizations, tribes, utilities, or municipalities responsible for, having a legal interest in, or impacted by downstream water quality affecting public health and welfare, biological integrity, or designated uses within the State of Nevada, within twenty-four hours of the occurrence.

The following list of agencies, organizations, tribes, utilities, or municipalities have been identified by the Permittee as those that must be notified if an unauthorized discharge occurs during the effective dates of an existing permit or as a condition of a pending NPDES permit.

ENTITY NAME	CONTACT NAME	MAILING ADDRESS	CONTACT PHONE NUMBER (IF AVAILABLE)	CONTACT EMAIL (IF AVAILABLE)

If additional space is needed, please complete and sign additional pages as appropriate.

I hereby certify/recertify that the foregoing information is, to the best of my knowledge and ability, a complete and accurate list of those required to be notified under the conditions or circumstances described above.

Print Name of Applicant: _____

Signature of Applicant _____

Title: _____ Date: _____

Recertification Date: _____

